

DHS Expected Practices

Specialty: Dry Eye Syndrome

Subject: Ophthalmology

Date: April 29, 2014

Purpose: To outline the guidelines and referral recommendations regarding patients with Dry Eye Syndrome.

Target Audience: DHS and Community Partner providers

Definition: Dry Eye Syndrome (DES) is a problem related to reduced tear film production and/or rapid tear film evaporation that results in ocular discomfort and/or decreased vision. Patients with DES often complain of eye irritation, itching, burning, tearing, foreign body sensation, mild blurred vision, and/or double vision in one eye. Mild to moderate dry eye is defined as intermittent irritation and visual disturbance. DES is commonly associated with blepharitis and meibomitis.

Blepharitis is chronic inflammation of the eyelid margin, a very common cause of ocular irritation. It causes increased bacterial waste products in the tear film increasing symptoms in general. Blepharitis frequently leads to associated ocular surface inflammation including tear deficiency, conjunctivitis, and corneal compromise. As a result, it can cause redness, pain, irritation, and potential vision loss.

Meibomitis, or inflammation of the meibomian (oil) glands, causes clogging that leads to insufficiency of the oil layer of the tearfilm, in turn causing increased tear evaporation.

Expected Practice:

- Perform a visual acuity measurement and assessment for signs of blepharitis and meibomitis, such as small flakes noted on the eyelashes and small plugged meibomian glands along the eyelid margins with telangiectasis, sometimes with oily secretions of a toothpaste-like consistency when squeezed.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.



- Conservative treatment should be initiated before referral to ophthalmology, which includes:
 1. Over-the-counter artificial tears which can be obtained at outside pharmacy or supermarket. These can be used up to 4-5 times a day. Note: If topical lubrication with over-the-counter artificial tears up to 4-5 times per day proves insufficient as evidenced by persistence of symptoms, preservative free artificial tears for use QID or more should be prescribed. Please note that prescriptions given for LAC DHS pharmacies must specify 'preservative free' or non-preservative free tears will be given.
 2. Over-the-counter artificial tear ointment (e.g. Lacrilube). This can be applied at night before sleeping in order to prevent blurring of vision during use.
 3. Eyelid therapy, to address blepharitis and meibomitis, consisting of daily warm compresses and lid scrubs with baby shampoo (using a fingertip or Qtip soaked in water mixed with a drop or two of baby shampoo).
- Anecdotal evidence exists for non-pharmacologic dietary supplements such as omega-3 fatty acids and flax seed oil. This is not standard of care, but could be considered as it has proven beneficial for some patients.
- Patients should be aware that a cure is not possible in most cases, but symptomatic relief may be achieved with the therapies described above.

Referral Guidelines:

Patients with persistent irritation and visual compromise after 4 months of compliance with eyelid therapy and lubrication regimen may be referred for consideration of punctal plugs or other therapies.

Patients with severe dry eye defined by constant, debilitating ocular symptoms and visual disturbance may be referred for further evaluation.

Patients who suffer from recurrent episodes of blepharitis should be referred for eyelid margin culture, antibiotic therapy, and/or biopsy if indicated. Any patient with recurrent chalazia/hordeola should be referred for evaluation.

If a patient does fall into one of the above categories, referral to Optometry/Ophthalmology can be made via eConsult. Please provide the following information in the referral:

- Visual Acuity
- Time course
- Conservative treatment tried
- Other concerning signs/symptoms
- External photograph of eye if applicable

For more information on Dry Eye Syndrome please visit: <http://www.tearfilm.org/dewsreport/pdfs/TOS-0502-DEWS-noAds.pdf>

For more information on Blepharitis, please visit: <http://one.aao.org/summary-benchmark-detail/blepharitis-summary-benchmark--October-2012>.